Strategic Plan Workgroup
DRAFT TRANSCRIPT
February 1, 2010

Presentation

(Roll call taken. Attendees present: Paul Tang; Eva Powell; Patti Brennan; Janet Corrigan; Don Detmer; John Lumpkin; Seth Pazinski; Suniti Ponkshe; Josh Seidman; Judy Sparrow.)

W
Judy, there was an e-mail from Steve Stack saying that he will not be on the call. He sent his comments to us this morning.

Judy Sparrow – Office of the National Coordinator – Executive Director
Okay. Thank you. So I guess I'll turn it over to Paul.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Thank you. Well, thank you, everyone, for joining. We have a draft that got sent out over the weekend, so we're mainly progressing on to the strategies. We've covered the principles and objectives before. There are some minor mods I'd like to go over with you in some of the principles and objectives, but other than that we'll focus our attention on the strategies. This is a chance to be more concrete and more specific and have numbers and those kinds of things because this is the most factual part of our work.

Let's see, why don't we move to slide five, please? This is theme one, meaningful use of – well, anyway, let me ask whether there are any other suggestions in terms of the agenda.

Judy Sparrow – Office of the National Coordinator – Executive Director
That's fine.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Judy, is this public?

Judy Sparrow – Office of the National Coordinator – Executive Director
No, it is not.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Anything else on the agenda?

Judy Sparrow – Office of the National Coordinator – Executive Director
No. It's fine.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. On number five, I added one, which is the bullet number four, because this came up. We had a Meaningful Use Workgroup meeting sometime last week to help draft some things for the Committee to review as far as comments back on the NPRM and one of the things that appeared missing, because we were sort of using it as well is, let me rephrase it a little bit, to stage the meaningful use criteria to provide

a glide path for phased implementation that avoids dead ends. The dead end part of that may not be worded correctly, but the idea is if you had objectives or criteria for each of the stages in the meaningful use program that were disconnected and potentially out of order you could be throwing people into a pathway that would lead to some dead ends or missteps and to the best of our ability, of course, we wouldn't want to do that. We'd want to, one, try to get the glide path out there as quickly as possible so that people know what the migration strategy, the implementation strategy is; and two, avoid things that are going in diverse directions that could cause misdirection of scarce resources on the part of the provider. So that was the thinking behind that bullet. How does that sound to folks?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Paul, it's Patti. I guess this is more due diligence than real change, right?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We didn't have that concept in the principles that we had discussed before. It's an addition. It is something that was part of the thought process that the Meaningful Use Workgroup went through, but was not captured before. So as we recall, the principle here is a recounting, not a rewriting.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Right. So are you suggesting an additional one?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. That was there in the original plan when we went 2011, 2013, 2015.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes.

Janet Corrigan – National Quality Forum – President & CEO
Paul, this is Janet. I think it's a good one. In the version of this that elaborates a little more it would also be useful, I think, to capture the concept that you would like different users or providers to be able to move along that glide path at different paces. So, for example, I think you would like for those that have SNOMED and that capability to not have to go to ICD-10 for their meaningful use measures, but to be able to go directly to SNOMED immediately, but then recognizing that others that may be further down on their glide path.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I see. It's an interesting point. I'm not sure exactly how to word it, but it –

Janet Corrigan – National Quality Forum – President & CEO
It may not be in the bullet, but I just mean when we elaborate more in the document –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Got it.

Janet Corrigan – National Quality Forum – President & CEO
It would be good to capture that concept of differing paces if people might want to be able to go down that glide path.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So it's a little bit of inserting bullet three, which is the broad array concept, into this glide path, so the glide path has to be wide enough, but not divergent.

Janet Corrigan – National Quality Forum – President & CEO
Correct. You got it.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Very good.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes. I actually like that a lot, because that way we're allowing people to sort of benchmark against themselves as opposed to lock step in the same process.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Good. Okay. Let's move on. I don't think we changed any of the objectives. Let's start working on the strategies then and if we could all just take a look at the objectives in six, because these strategies then address the objectives. We need to try to shoot for that goal of having all of the health information in the electronic health record systems by 2014; that we coordinate the public and private programs; that we work on individual and population health by getting the right information to the right place at the right time; that we foster a patient engagement, increase the efficiency and improve public health through bi-directional communication.

So the first proposed strategy is to create this roadmap; it's a bit like that glide path; that makes progress from sort of stage to stage and it goes through from data capture through improving outcomes, so some sub-bullets there are to implement and monitor stage one, to use it to guide the measures for stage two and three and that we maintain the privacy and security protections. So I'm sure there could be more, but is this starting the same, along a good path?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes. This is Patti. I've actually probably been influenced by some reading of some other reports that I've been doing over the last weekend, but I'm concerned that rather than moving from data capture to exchange to improvement in outcome that that sort of, I think, in some ways might not move – it might be too linear. And I wondered if we're thinking that – I mean are we expecting enough of people early on and sort of along this same idea. I mean are there ways that we could, for people who are further along, could we incentivize them to keep moving as opposed to saying that several years out and if you've got data capture already you guys can just chill for a while?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
You might be reading more into it. It looked like it defined a couple of end points; start with getting data and then go towards moving to improving outcomes in sort of a progressive way and you're feeling like it might let people be lackadaisical?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So how would you improve the wording on that?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I don't know. Maybe Janet can do what she did with the last one. I think the issue is that we want to take each – people should start where they are and keep moving rather than say, "Well, I don't have to be up to this, to the full implementation in exchange for two more years, so we don't have to invest in that." I

mean I guess maybe it's all right to have the institutions progress in different ways, but I would rather than set the bar too low for people who have already, because there are some places that have already achieved the very basic bar, so do we want this to not speak to them and say when everyone else catches up to you, you should get going. Or maybe this can go into more the background of this particular objective; I mean this particular strategy; stating something like this is not intended to relax the speed of progress for places that are already moving quickly, but rather to provide a trajectory that is likely to be successful more broadly.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Is anyone else having the sense of the hold back?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Then we'll just leave it here in Wisconsin.

Seth Pazinski – ONC – Special Assistant
This is Seth. One of the things that was; I think it was Neil Calman on the Policy Committee; talked about recognizing and highlighting leaders. I think we tried to incorporate that into the strategy for some of the theme four stuff so that if people were kind of advancing in the field, so maybe that will address some of the concern.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Okay. Yes, I think it will.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Let's keep what Patti said in mind to make sure that none of the words cause people to either hold back or relax. I think that's one of the few statements that hasn't been ... being relaxed.

Other comments about either that opening, the sort of overall words or the sub-bullets?

Carol Diamond – Markle Foundation – Managing Director, Health
Hello, Paul. It's Carol Diamond. I just wanted to let you know I just joined.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Thank you. We're on page seven, slide seven.

Carol Diamond – Markle Foundation – Managing Director, Health
Okay.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Maybe it's a bit dry, but it's descriptive.

W
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
And what we're trying to do.

Janet Corrigan – National Quality Forum – President & CEO
Paul, this is Janet. I am still pondering Patti's comment about the not wanting people at the upper tier to relax. Some of that might actually be able to be addressed by the second bullet, the develop the

measures for stages two and three to support full implementation because one could envision it's not only the measures, but it's the levels of achievement that are expected and it really may be as we move forward that there needs to be a more refined strategy for tying incentives to the degree of improvement that an institution establishes on a particular set of measures so they're constantly rewarded as they get better and better on achieving those outcomes, the meaningful use outcomes. So no matter where you are, to get the rewards you've got to show improvement over where you were before.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Exactly. Thank you. That's what I was trying to say.

M
Yes, I like that too.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So I'm a little worried that that gets administratively heavy and –

Patti Brennan – UW-Madison – Moehlman Bascom Professor
As long as the sentiment can be ... I don't think we have to –

(Overlapping voices.)

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Here's another approach: How about something like encourage early adopters to demonstrate and measure the benefits of whatever, EHR adoption? What happens then is it doesn't make yet another set of requirements that people have to jump through, but it basically describes the beacon program. Show us what early adopters – you know, you invested in this early; you're among the leaders in the field; show us what this does. Perhaps we can come up with some additional incentive, like the beacon program, really, that could reward them rather than making everybody jump through more hoops.

M
That sounds fine to me, Paul.

W
Reward and showcase early adopters.

M
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Reward and showcase. Good words.

Carol Diamond – Markle Foundation – Managing Director, Health
Paul, this is Carol. I'm sorry to join late, but I like where you're going in terms of the beacon, but my difficulty with the first bullet in this slide is that it uncouples the idea of health policy priorities from data capture and exchange or makes them sound unduly predicated, one on the other and I think along the lines of showing improvement it is important to clarify what those health priorities are and then say there is a trajectory here of showing improvement and it includes progress across a range of providers, but not make this sort of first we data capture; then we exchange information; then we worry about improvement. It's actually the exact opposite.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes. I agree. Thank you, Carol, because the concern that I had was that we were going to delay the policy piece too much.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. So let me just introduce a principle and see how we can capture that sensitive to the principle and the principle is to balance the achievability by a broad array of healthcare professionals with the urgency and the health priorities. The reason for bringing that up is, as you know, clearly the biggest criticism that the NPRM had is how fast and ambitious it is and then the chance of leaving people behind. So moving things early, I mean, of course, understand if it moves things too early and too fast I think asking someone to implement this complicated system and then asking them to measure, I mean even in our own organizations with early adopters we never promise to the board that within one month of turning the system on you'll get results, either cost savings or quality improvements. It really does take years, both to get the group up, the users up and to even start getting reports out that are meaningful, so I'm nervous that trying to push things in their early stages; and of course the stages were set up to say, "Let's get this stuff in. Let's work on our processes." All of that takes calendar time. It doesn't come with turning on the software and then finally we're able to move this massive machine we call a provider organization forward in improving outcomes. What do people think about that idea or that? How do we respond to those issues?

Carol Diamond – Markle Foundation – Managing Director, Health
I would say the improving outcomes has to come first. In other words, if that's not an explicitly stated first process goal it's not clear to me what the others are focused on.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think it's been extraordinarily explicit in terms of what the goals are and we're just trying to add some realism in terms of how organizations move through the roadmap to getting there.

Janet Corrigan – National Quality Forum – President & CEO
Yes. This is Janet. I think it is very explicit, Carol. In the earlier pieces here I mean the overall goal is to improve, on slide four, health outcomes, patient engagement, care coordination, efficiency by promoting the adoption and meaningful use of health information technology. And it isn't just the technology, as you know better than anybody, that's going to lead to the outcomes. It's the re-engineering of the care processes, the whole different way of providing healthcare that HIT sort of opens up the opportunity to then restructure the delivery system and the care processes and the relationships between team members and patients and families. That isn't going to happen out of the gate and people need to understand that they've got technical challenges in implementing this, that they've got to have their strategic goals at the front end. They've got to have massive and widespread engagement of all stakeholders on a continuous basis and they've got to set realistic goals there for what's going to happen immediately versus mid-term versus longer-term. So maybe we can just express that, that while there's no doubt that at the front end the objective here is improving health outcomes there needs to be a realistic plan for how you move through the stages to get there.

Carol Diamond – Markle Foundation – Managing Director, Health
I would say the outcomes are referred to, but not specified, so I don't think saying to somebody you need to improve outcomes and improve efficiency tells them what they really need to do to create that realistic plan. In other words, I think there is a layer of detail in between those two points that needs to be connected.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Other comments?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Paul, I guess this is obviously maybe an out of order question, but I'm just kind of curious in terms of finding how we calibrated with the larger group. You had a presentation pack the other day and I'm wondering if that might help this issue, as well as some of the others, in terms of we've been thinking as a group, but I'm kind of curious to how it's being heard when it's said broadly.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
As far as the glide path, the phases it's taking?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Well, all of that. I mean the point we're talking about is how explicitly do we need to kind of restate things as we go so we don't lose track of things we said, because in a way I ... stage it with our priorities on health status and so forth and then we're getting in to trying to do it. I think what we're having tension on is that thought process getting lost in the shuffle.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
My sense, and I certainly do talk about this quite a bit, is that people are extraordinarily pleased with the goals, the framing of the HIT program as being outcomes oriented and clinical data oriented and they're appreciative of the staging and, as I mentioned, probably the biggest complaints are how fast. It's not even – it's not the stages. It's not the goals. It's the how fast. So that's why I'm trying to avoid anything that would send or make it even more ambitious, but I guess I'm worried about it even being impractical.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Well, realistic, yes. As you say, stuff isn't just a matter of pouring something into a solution.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes and for us to show that we recognize it and that's a lot why we put those three bullets on that bend-the-curve diagram. As Janet mentioned, first, you obviously have to get data in and that's hard. That's one hard problem.

Then you have to use that to change your processes. Well, that's another really hard problem that takes calendar years.

Then, when everybody is on board and you've got better processes you're likely to start seeing – over time being able to see improved outcomes. But a lot of it's just you were reluctant and probably shouldn't promise it early on, yet what Carol is saying is make sure that your plans and what decision support you do enter, etc. you do build in is directed towards these outcomes. I think maybe that's your question, Don. I think people have not lost track of that. I certainly have not had that comment.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Okay. Thank you.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Paul, actually you've got me more worried now than I was a few minutes ago because I don't want any institution to think that once they "get their data in" that they're done because as they start understanding the data and using it they may actually need to refine and update and revise the data that they're bringing in. I haven't seen any major statement of the data specifications, but as our computational power changes and our understanding the GM HIN changes what the data are going to be changing and how

they're going to be managed. So I'm wondering if we can delinearize the process. I mean mindful of all of the things that you said these are not insignificant steps, but I don't want people to think, "Oh, data in. Check. Now we'll go on to the next one."

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Some how you're reading into it a rather static nature that I hadn't heard before and maybe some of the things are seeing on this glide path. The other things might be it's only two years between stages, etc. So that hasn't been, I guess ... it hasn't been a criticism that we're not moving fast enough, but I'm still interested in other people's views on that.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
... the parallelism between the three stages, data capture, exchange, outcome improvement on health outcome policy priorities and then in the same spot; and I'm still looking at slide seven; stage one, stage two and stage three. It looks like it's sort of linearizing and I think; and I won't bring it up again in this conversation, but let me put some thought to it and see if I can figure out what's triggering this in me.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Well, one of the benefits that came out of your discussion, Patti, is Janet's suggestion. I love the reward and showcase, because it just keeps the incentives going in terms of –

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That was one of your words. Gosh, you pass go once; there I go. I can sit around and wait for people to build their hotels, but really –

Janet Corrigan – National Quality Forum – President & CEO
You know, Paul, one other possibility would be to add in a bullet that says something like, "Identify early opportunities to harvest value from the HIT investments," because I think probably I mean there could be some thought given to a strategy that would move up earlier rather than later. I mean you're right; you've got to get data in, but once you start to get some of the data in there may be some opportunities to harvest some value in terms of improved outcomes, but not all, so identify opportunities to harvest value early on and maybe that would address this a little bit –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

Janet Corrigan – National Quality Forum – President & CEO
Just to try to send a message that it isn't linear and there probably are some things we can do by giving thought up front and identifying some of those early opportunities for harvesting that value.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Great. Good suggestion. As you say, I think what we can do is in the text try to help make sure, which is Patti's original point, that this isn't the linear and only sequential step, so we can sort of add that to the text. Hopefully we'll get –

Janet Corrigan – National Quality Forum – President & CEO
... communication issue. I think we're all in agreement on what we want to do and how important it is, but it's a communication issue.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Exactly. Are we heading in the right direction, Patti?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes, you are. We are. I appreciate the time you spent on this. Thank you.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Should we move on to the second point? We can certainly come back and maybe even people can give additional thought with the words. I'm not completely happy with that either, but I think let's move on, because I think there are something like 13 of these things.

So the second – now remember, these are strategies. There was some number picked out of the air to, remember, in HITECH there is a broad program, but a lot of the resources are targeting the organizations that have fewer resources and less access and those would be the smaller practices and the smaller and rural community hospitals as examples. So the rec centers, the original ... centers were supposed to target these. Someone introduced the number 100,000. That may not be the right number, but some number and actually it does target the PCPs because they probably are also under capitalized. Your thoughts about that and the two sub-bullets?

Let me just give you some numbers that were in the NPRM, so out of something like 550,000 docs if you subtract the hospital additions so there are somewhere around 400,000 doctors who are eligible, there are probably about 80,000, who are Medicaid eligible. So that gives you some numbers to work with in terms of is it 100,000, is it 200,000? What is it?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Paul, I know that there is different engagement in some of the incentive structures depending on the license of the provider, but I was really pleased to see that the main statement of strategy to address primary care providers, but then the sub-bullet reverts to physicians and hospitals. I'm concerned that we don't want to restrict the regional centers to physicians and hospitals when we also have nurse managed clinics, federally qualified health centers, behavioral health centers that are not physician directed, who may be eligible under some of this. So I guess since we're dealing with regulations that are in a different realm in terms of the incentives, if we could just keep with the term primary care providers here all of the way through I would be happier.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Sure. Is care provider too restrictive from a hospital point of view? That could be another question.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Meaning –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Don, you said you think so or you don't think so?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
No, I don't think so. It is a provider.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

It's a provider of care. Okay. Good point. So let's start. Anyone want to propose? Is 100,000 an okay number? That's about a quarter of the group. I mean we have to balance – well, if you made it 300,000 you probably can't reach all of them or you have too few resources that do any good.

W
I think 100,000, if we're adding in the whole range of primary care providers, is still okay.

Josh Seidman – ONC
Paul, this is Josh Seidman. Just to clarify one thing about this in terms of how the recs are being structured, in terms of how they're rolling out: We had set a goal of at least 100,000 what we're calling priority primary care providers achieve meaningful use and we're defining that as small practices, rural and community health centers, federally qualified health centers and critical access and public hospitals.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay.

W
If we just use a consistent term that will cover what ....

Josh Seidman – ONC
Yes. We can get that. We can just give you that definition. Then the health IT research center, as it's called in the legislation but it is, in fact, very much a resource center as well is primarily supporting these regional extension centers, but will also have a portal that will provide resources directly to all eligible providers.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So, Josh, is it not necessary then that we even call out the less than 10 MDs and the less than 100 beds because it might be –

Josh Seidman – ONC
Well, I guess what I'm saying is that we have kind of a definition of primary care providers and we can just give you that definition if you want.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay.

W
That sounds good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So I guess one question is is this even duplicative since you already have that in these sub-bullets.

Josh Seidman – ONC
I agree. I would just say that I think that it was an important piece of trying to help those who were seen to be having the biggest challenges in getting to meaningful use, so I think that the support for these particular providers was seen as really important.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Oh, no. I'm just talking about the sub-bullets. It's certainly fine to have them in there, but – okay. That both, matches the legislation and matches some things already under way. Should we move on?

To encourage the private sector efforts to support hospitals and healthcare professionals: So this is a working with the private sector kind of a strategy. Is there something either more specific or numeric goals that could be put in here if appropriate?

W
I think it's general enough. I don't think I would go more specific, because I'd rather have basically a ... define at work with us to see what strategies are encouraging. Is it relaxation and regulation or is it some kind of financial incentive, structure or something like that?

W
I have the same. I'm not sure what this bullet really means –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Maybe it's duplicative. It's to capture in the principle that, one, you'd want to have all of your federal programs coordinated. And two, you'd want to harmonize it with the private sector. So you can imagine that CCHIT is an example of the private sector effort. If we had a private sector NHIN going on you'd certainly want it to be harmonized with the whole HIE program under the HIT incentive. That's sort of what it meant. I don't know whether it's superfluous or redundant or not specific.

Carol Diamond – Markle Foundation – Managing Director, Health
Are you trying to ensure that the private sector has an explicit call out in this set of strategies?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think that makes sense. So you would want, clearly, to leverage the private sector resources –

Carol Diamond – Markle Foundation – Managing Director, Health
Right.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
And you wouldn't want ONC or any government to just go off and do its own thing and then just have this huge government program that isn't tied, isn't exclusively and directly and deliberately tied in with what might be going on in the private sector. I think that's what is meant here.

Carol Diamond – Markle Foundation – Managing Director, Health
Yes, but I don't think that this conveys that message at all. I took away from this a very different idea. I guess I would offer one more thing that might help this. In the first item about 100,000 primary care providers, I don't know where that number exactly comes from, but let's assume that that's written in stone. I'd love to see this oriented around achieving meaningful use, quality improvement or achieving meaningful use health priorities as opposed to constantly going back to the EHR. I think on this bullet it would be great to say align and coordinate public and private sector efforts in achieving meaningful use of health priorities or health goals.

W
Oh, I like that very –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That's certainly fine. Wait. Say that again, Carol, align and –

Carol Diamond – Markle Foundation – Managing Director, Health

Align and prioritize public and private sector efforts to –

W
Carol, I thought you said align and coordinate.

Carol Diamond – Markle Foundation – Managing Director, Health
I did. What did I just say?

W
Align and prioritize.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Prioritize.

Carol Diamond – Markle Foundation – Managing Director, Health
I'm sorry.

W
I mean that's an interesting approach also, but –

Carol Diamond – Markle Foundation – Managing Director, Health
It is also part of it, right? If you have these as health goals as opposed to EHRs I think it can do a lot to prioritize the implementation requirements. Okay, align, coordinate and prioritize public and private sector efforts to support hospitals and healthcare professionals in achieving meaningful use health priorities or health goals.

Suniti Ponkshe - IBM Global Services - Associate Partner
Paul, this is Suniti ... group I think one of the things that we talked about during this private sector effort point came about was based upon the fact that the providers and hospitals that are not included, are not eligible ... should be also encouraged to achieve meaningful use even though there may not be incentives for them. That's kind of where that part was; maybe that just needs to be reworded that way but, for example, like academic medical centers and large health systems where they don't have hospital based physicians, that's kind of where that strategy is coming from. It's what they're going to do to people that are not directly covered under CMS, but yet need to be encouraged to achieve the meaningful use.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Thank you for reminding us. That was an important point. Okay. Well, that's an improvement. How about number four? No. No, that's where this is, Suniti. Number four captures just what you said.

So I think number three, the align, coordinate and prioritize public and private efforts, is really to make sure that we stay in synch and synergized; that the government be in synch and derive synergy with the private efforts.

Then four is 30% or so are not included, by statute, in the meaningful use, the incentive program, so we want to make sure that they are included in other programs, such as HIE, etc.

W
Yes.

Carol Diamond – Markle Foundation – Managing Director, Health
Again here, I offer the qualification, the saying that this is about HIT and then saying those not eligible for incentives is kind of conflicting. It would be great to just say, "Promote adoption and meaningful use health goals," or, "Achieving meaningful use health goals for all healthcare professionals, including those not eligible for HIT incentive."

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I'm not sure I understand what you mean by meaningful use health goals.

Carol Diamond – Markle Foundation – Managing Director, Health
Yes. I'm distinguishing the idea of meaningful use of technology, which is clearly what we're after –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

Carol Diamond – Markle Foundation – Managing Director, Health
In the way we write this. I'm distinguishing it from the health goals that the meaningful use requirements imply, such as medication management improvement, care coordinate improvement. That's really what we're after and the technology is secondary. I would just keep coming back to those. That's really what's going to be measured in the way of what has this money done is whether or not those needles have moved and not how many installations were done. So I just want to keep pushing this back to that because all of this alignment and all of this prioritization has to support improving those goals and those outcomes, obviously using HIT, but very quickly we get lost in the adoption issue as opposed to the use and improvement. That's really why I keep pushing on this. Adopting HIT and qualifying because there are certain functionalities or what have you is fine and well and a requirement of the program, but I think it's important to make the explicit goals clear up front so that this doesn't become an adoption and then reporting exercise.

W
The sentiment that you're expressing I like. It says we don't want you just to check the box. We want you to actually be doing what the box implies.

Carol Diamond – Markle Foundation – Managing Director, Health
Right. Exactly. Exactly. We know there are other things that you're going to have to do to do what the box implies that go way beyond the box or the EHR.

W
Yes.

Janet Corrigan – National Quality Forum – President & CEO
I think we all are in agreement of how important it is to have those outcome goals and for that to drive the overall plan, but I think people are going to be looking in the strategic plan for details on what's actually going to happen in terms of the HIT pieces. So I thought that we had sort of spoken to that issue pretty clearly at the front end and now in this section we were trying to get into exactly what ONC is going to really be having their feet to the fire to do in terms of programs, as well as those out in the field are going to have to accomplish. So I guess I'm just not sure. The plan has to address some more detailed issues related to HIT to be a meaningful strategic plan for the Office of the National Coordinator.

M

I think there may be a way to maybe have our cake and eat it too starting by saying in order to achieve the health outcome goals these implementation targets need to be met in terms of becoming operational or something. I mean there is a way to kind of echo both, perhaps in the same bullet.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think what I hear Janet saying is we've spent a lot of time expressing that opinion and, as I say, I've not heard people having that message get lost on them, but when we get down to strategies ONC, the Office of the National Coordinator for health IT, has to come out with strategies that get the stuff in the field in a way that addresses the primary goals of the entire section, which was to measure and improve health outcomes. If we put that phrase up front of every one of these I think it starts to get perhaps even diluted by –

M
Well, I agree, but by the same token we seem to be stuck on it. I mean I'm not disagreeing with you, Paul. On the other hand, I do think it is also true there is a tendency when you see these things to say, "Well, what do I absolutely just at the minimum need to do in order to get the money?" So I mean I don't know the best way to solve it, but I think both points are pretty good.

W
Carol, is there a language inside the bullet? I mean we're talking specifically about four right now.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

W
So could we say something like; this is going to be wordy, so bear with me for a minute, but something like enlist the participation of all health professionals in promoting or in achieving the goals of blah, blah, blah, including those not eligible for meaningful use incentives?

Carol Diamond – Markle Foundation – Managing Director, Health
I like that a lot.

W
So the blah, blah, blah part was my favorite too, but if we sort of switch this around to say enlist all health professionals, even those not eligible for meaningful use incentives in accomplishing the goals of and then either the goals of the program or the goals and spell them out, whatever fits best here.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So, one of the comments that came up in the workgroup, the Meaningful Use Workgroup, last week was if you read a set of whatever, words on a slide, and you could accomplish that all on paper or you could try to accomplish it all on paper then that would be one indication that we may have missed the boat. So to have a program that wants everybody to improve the quality of their care and be silent on the effective or meaningful use of HIT to do that may similarly miss an important aspect of both, the legislation and the programs under ONC.

Carol Diamond – Markle Foundation – Managing Director, Health
Presumably this bullet is speaking to people who are not eligible for incentives.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Correct, but I don't think it means so go do it on paper, because I think that would be counterproductive for the rest of the group. So if we let the folks who are not covered, the 30% of physicians who are not covered by the incentive program, and said, "Just go do it on paper," that would hurt the overall system. So in fact, the strategy here and the objective is to find ways that would encourage them to participate even if those are not part of the incentive program, participate meaning working towards the improvement of health outcomes by effective use of HIT.

Carol Diamond – Markle Foundation – Managing Director, Health
Yes, I guess that's where we differ. My feeling would be if nurse practitioners or pharmacists could be enlisted in achieving the health goals and there were real quality improvements and there were incentives provided for those improvements that were outside of the HIT incentives and they did it using carrier pigeons I'd be really happy. I mean look, this is my orientation. I think the goal here is to improve health and you want to enlist the support and innovation of everyone in the care team to achieve these goals and not try to say only those people who are going to be using an EHR, even though they're not getting incentives, they have to use some technology to help achieve this. Medication management may happen because the EHR makes some information available, but a nurse practitioner and a patient sit down and do a medication review and that doesn't involve the EHR necessarily. It might rift off some of the information there, but there's a process that changes and I would just argue that what we're after is those improvements and that being explicit about you're using the HIT incentives is not really the –

M
I guess my question, and it's a question, I think the legislation, at least as I understand it, does believe that over the longer term the country is going to be ahead if it has this kind of an electronic infrastructure done right.

Carol Diamond – Markle Foundation – Managing Director, Health
No question.

M
So while I don't disagree with you in the near term, my sense at least in reading the legislation is that it really does have that as an infrastructure desire across the whole thing, so I guess that's sort of the issue. I think it is trying – certainly yes ... hallelujah that's great. In fact ... typically say it's not the electronic it's the use of information. So I don't in essence agree, but I think that's what the legislation does if I'm not mistaken.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, I think it does. I think in order to accomplish what we need to accomplish I'd like to see if there is a sense of the group to move on.

W
I think that if we can capture the essence of this conversation about the engagement of everyone and the promotion of the goals mindful of Don's idea, yes, the ... really isn't sustainable. The broader goal is the electronic ... I think that will come then I think we can move on.

W
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay.

W
Sounds good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Let's move to number five. This deals with the workforce training. It also lists a couple of FOAs that have already been released. Any comments on that? Any numbers or how do people feel about that?

Seth Pazinski – ONC – Special Assistant
Paul, I just wanted to raise a comment that Steve Stack had sent in on this slide since he wasn't able to join the call about number eight on slide nine.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We're on number five.

Seth Pazinski – ONC – Special Assistant
Okay. I'm sorry.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Paul, I don't quite know whether this belongs here or not, but I've been, frankly, really concerned about how I see the workforce development moving under this model. It seems to focus at university level training and there are several things that I think are being missed and I don't know if we can address them here. One of them is that we actually need a cadre of technical trained individuals, so I'm thinking of community college, etc. not who know informatics, but who can pull the wires and maintain the servers and keep the rooms cool enough to run the machines. I think our emphasis is really on the analysts and the systems designers. I just think that's necessary, but not sufficient. So the one piece that's missing is that the workforce definition is too narrow and presumes that somebody is going to around there to maintain the machines.

On the other hand, at the higher end, doctoral training, we really need stimulation not just in the medical informatics community, but in the basic computational sciences community around creating and verifying and evolving new types of data models and new databases and different kinds of visualization strategies and effective integration of avatars and simulations. There's this whole other sort of high, I mean really to me what would be complex research in informatics and computer science that needs to be addressed, so if what we're saying is ONC's responsibility is the health IT workforce somewhere it has to be said, and we presume that somebody else is taking care of the other IT, the other parts of IT.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So, Patti, I think actually there are two different programs that address exactly what you said. One is ... to the community college for the reasons that you said.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
What I ... community college ... basically one of the universities to direct the curriculum and give it to the community colleges.

M
You know, there is also $70 million that's going to be to train at community colleges in very short-term programs.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Yes. Right.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Okay. As long as the training is not for health IT curriculum, which is what I saw in the last call, but for actual wire pullers then –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
There are three programs. One is literally –

M
... verify that the first bullet really does refer to that community college effort and the second bullet is related to that more academic training.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think there's even a third bullet that talks about the curriculum for community colleges, so there are actually two that are sort of paired in the community college area and then one for the more advanced degree training.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Okay. I'll trust you on this one.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I'm sorry?

M
I just need it to be clarified ... to the numbers. I think the problem is that, as you know, there have been a lot of stabs at trying to get this. Chuck has some data out there and Bill Hersch, but none of the numbers are really, on my view. If they are stated as numbers they need to be pretty softly stated.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. So you're saying we don't have enough information to say the numbers. Patti, I think all of the words that you said were exactly right and fortunately there are these programs that have hard money with them.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Okay.

Suniti Ponkshe - IBM Global Services - Associate Partner
Paul, I think Patti's points are really good and I think we can say something in the wording because the current programs do focus on informatics training and curriculum, but I think Patti's points about the technology people and then higher education, like Ph.D. types of people, I think we can add some wording to the strategy similar to the other one where we had the non-eligible providers kind of things that are not specific programs that we have, but something needs to be said. We can add some wording to that.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
That's helpful. Thank you.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Thank you.

Janet Corrigan – National Quality Forum – President & CEO
This is Janet. A question: I don't know if this is dealt with elsewhere in the various ONC programs or here. I apologize if it is, but it seems like it's going to be an uphill battle and probably impossible to produce the kind of highly trained people that we need. I realize we need people at different levels, but we're going to be more successful at producing the community college folks within our time frame to achieve meaningful use rapidly than we are going to be successful in producing the Masters or Ph.D. level of training because it just takes a whole lot more time and there are far fewer of them and people able to go down that road. I wonder if there shouldn't be something here that speaks more to having a complex problem solving capacity built into the system.

This kind of reminds me of ten years ago when we suddenly realized that having intensivists in ICUs was a good thing for outcomes, but of course, there weren't that many intensivists to go around, so you had to move to telemedicine and ways for the on site team to be able to confer with the super specialist off site. I wonder if there shouldn't be something more explicit here about other ways to meet these needs and to solve complex problems other than getting boots on the ground.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I think that's very interesting and I wish I had language to capture it because to me it really is thinking about how do we rapidly deploy and distribute expertise and skill ... and degree programs.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
How about effectively treat and effectively increase the workforce capacity? That allows you to do more than just one boot, one ground.

W
Yes. That would help. Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So the way that you can either train the trainer or be in more than one place. At any rate the point is that it's not just box yourself into individual physical presence and one-on-one.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I think that's right, because you can do the numbers and they just don't add up to what we need.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right. Right. So to effectively increase the workforce capacity to implement ....

W
Yes. I think that will do it.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Good comment. Okay. So in some sense; let me throw this out; this is where I was struggling with these sub-bullets. In some sense sub-bullets sometimes actually box you in, so if we only think of them as the current RFAs on the street that might actually let you off the hook for the objective, but not make you think more broadly, as both Patti and Janet were talking about. Do you see what I'm saying?

Patti Brennan – UW-Madison – Moehlman Bascom Professor

Yes, I do actually and if this is to endure beyond this conversation and these people's frame of reference, including my own, then we may want to make sure we're more explicit about the ongoing nature of the need.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. It's having me think instead of these sub-bullets we may want to word the words at the number level to be bolder and more inclusive and sort of talk about trying to encourage and promote and push, so push ONC and its programs and the federal government to try to leverage the resources we have in a much bigger way. So if we say target the whatever number of priority primary care providers, find all ways you can, yes, there are a couple of programs that Congress thought about, rec centers, HIT resources, etc., but there are probably more ways to do that. The same thing with this train and workforce.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Right.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Are we ready to move on to six? So six is the assessed learning; it's sort of a best practice sharing kind of thing.

(Overlapping voices.)

W
Did you say it's hard to disagree with?

M
It's hard to disagree with it. Actually, it's kind of clearly stating something. To me I think it's a good idea. I mean that's clearly what, like, for example, the ... resource center has been trying to do for years.

W
Yes. I was going to make that point. This is clearly an aspiration that many have but is rarely implemented. I wonder if there's a way we could state this in a more declarative way, like establish a process to share learning or something. Just saying we want to do it is probably not going to happen unless there's a clear mechanism that's built into the way the program gets implemented across the board.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I wonder if Janet's wording could come in here where we struggled with the sub-bullets in one. How about reward and showcase learning from the field experiences, blah, blah, blah?

M
Sounds good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Because that really does say; and reward doesn't have to be financial; it's really showcase, so reward and showcase –

W
I'd like to see us restrict funding from projects that are duplicative of other strategies. I mean I don't know how to say that, but there appears to be; I mean I'm thinking this a lot when I watch engineers try to apply engineering knowledge to healthcare and they're like, "Wow!" They tell people, "I've never thought of

these things before. Look at all of these tools." It's like the lack of knowledge is astounding to me and I'm afraid that if we just keep promoting – I agree with what was said earlier. The resource centers are really not as well utilized for some reason and I don't quite know what that is and I think we might want to say something a little bit stronger than even promoting the good things, but also defend why existing strategies don't need to be, aren't adequate before going into a new direction.

Josh Seidman – ONC
I'll just mention that one of the things that we do have in our cooperative agreements with all of the regional extension centers is certain expectations about them participating in and sharing experiences, contributing data to our customer relationship management database, participating in the national learning consortium. These are all things that our project offices will be ensuring that they do do, so that is part of what we're trying to do to help establish not only a process, but create an infrastructure for that.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think the words and the process are there, but I would have to say it becomes routinely perfunctory and so the active words of reward and showcase try to raise that to a new level, both in terms of what the operator would do, let's say ONC in this case and the benefits that accrue, either to the folks that are showcasing or the people who can view. Do you see what I'm saying? I think they're more than just active verbs. They're a different way of leveraging the experience. I wanted to put it in remedy just to draw another analogy. Another is to actually do something different.

W
Actually, I like your idea of leverage as a phrase.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Reward, showcase and leverage, because reward and showcase are for the promoter and the leverage is the recipient. Leverage. Okay. Is that okay with folks?

W
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Seven is to work on the communication strategy. Perhaps that's even married with six, because we're trying to capture the reward, showcase, leverage concept and you do that by, one, creating this repository and then finding its application. It's the same thing. It's a Share Point. I hope nobody is from IBM here, but Share Point is a repository, but it's fairly passive and no one knows what's in it for me. What's relevant to me? So if there could be a way to combine six and seven to essentially marry people who have demonstrated effective ideas with people who need those, maybe there is a way to word those two together to give that flavor.

W
Yes. Actually, I think it's more than a brokerage, a communication story. I was thinking about brokering or incentivizing. I'm still back on that replicating stuff that's already done, so actually, this is a little bit broader than that isn't it, Paul?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. Well, it's another challenge. I mean I think these are starting – I mean I think we're starting to give some punch to some of these things if we can come up with the words. That's probably done better off-line.

W
Yes, because I think this one also speaks to the clinical use and the consumer's acceptance of this and these technologies. That's a slightly different aspect –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That's true.

W
Designer and developer and implementer.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
No. That's true. That comes into 11. One point, and I think 13 is way too many, so I think the more we can combine and strengthen the actual idea and use active verbs the better. So from the provider side maybe we can combine six and seven and then we can strengthen the consumer side as we talk about number 11.

W
Good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So I'm going to pick up the pace a little bit here to make sure we finish. Number eight. So here is the idea behind it: At least the physicians on the call will know that; and I don't know, Patti, you can let me know about the nurses; for medical boards these days you get board certified based on a series of things you do right after your medical school and training program. Then there is usually a Q10-year MOC, maintenance of certification. That is not only a test, but is a series of things you have to do. One of the things you have to do is to participate in a QI program, whether you're on paper or electronic. Other things you have to do are maintenance of your continuing education. So the thought here is that you, as a byproduct of both caring for patients and learning while you care for patients, which you can later prove, you would get some credit for your MOC. For example, instead of doing a separate project in quality improvement you would do it through the maintenance of your own registry of your chronic disease patients and your actions on that registry on that list. That's what ... here. In a sense it creates a twofer so that you can not only take care of individual patients, but you can be improving your knowledge base, as well as applying it to groups of patients.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes. I think the challenge is just the word coordinate. I just finished a term on the board for the Council of Medical Specialty Societies and ACCME is going through really almost a revolution. This is a very turbulent and challenging time frankly for sorting this out, even within the house of medicine. Frankly, it's always very, very anxious about the feds seeming to take over and certainly ... is not making anybody less comfortable about that. I think the word is coordinate. In fact, as you could tell on our AMA members' response it created such anxiety you thought it ought to come out totally. I think I mean if you say coordinate you really do give the impression that you're talking about formal interaction between the federal government and this state medical board and professional society. Frankly, I would argue against that myself. I think there is already so much turmoil in this that this would just add additional paranoia as well and, frankly, wouldn't really help move the ball down the field in terms of moving from CME to performance improvement, which is where the principle is moving anyway, so the goal is moving in the right direction.

I think you could say communicate with or something like that so that you make it sound like you're not wanting to operate in a vacuum, which I think makes a lot of sense, but if you give any sense that you're

really suggesting that perhaps there is a formal federal role in this I think I tend to agree. I think it would really be very problematic and, frankly, kick up a lot of dust that I just don't think we're really interested in in terms of really trying to achieve the goals we're really after.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So this was brought to ONC by ABMS. Is that consistent with the dust?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes. In fact, ABMS is seen as sort of a, how to put it, pot stirrer right now that has everybody, frankly, pretty nervous and sort of going off on their own and not really wanting to even talk through these things, so there is a huge amount of politics behind all of this dialogue in this space right now.

W
Paul, I have to agree with the caution that Don is raising; that there are some considerations about the role of the government in certifying clinicians. That being said, I think the spirit of the twofer is a really good idea and it would certainly related to certification for clinicians. I want to point out that we're very slowly shifting though away from the health IT professional to the clinician, who is going to be the health IT user. I don't know if we want to make that explicit in this section or not, so as I look at the earlier bullets on this page the first one is talking about health IT professionals and then in six we started to talk about clinicians in practice and by eight we are really speaking to the practitioner. I know, Don, that Amy has done some things about looking at everything from the medical informatics researcher down to the clinician who occasionally uses the computer and trying to try to benchmark what the different knowledge needs are around there. I just want to be sure that we are addressing ONC's responsibility to interact with the clinician community rather than directing the clinician community that they have to interact with us.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So I've heard a couple, perhaps even 2.5 members of this workgroup sort of want to veto this particular strategy. How does that sound to the rest of the folks?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Well, depending on the way it's stated. You either take it out or you could say communicate or something because I think that's the challenge is that coordinate really does talk about something formal.

Janet Corrigan – National Quality Forum – President & CEO
I'd like to see something in here. Could I take a shot at some language? It really is both. It's not only maintenance of certification. I think it's the education program, the special education programs of the society being two distinct pieces here; the education programs and the certifications, but what about something like this? Communicate with professional societies and medical boards to identify opportunities for professional education and certification programs to contribute to achieving meaningful use goals.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
I think that uses the word communicate –

Janet Corrigan – National Quality Forum – President & CEO
Yes.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO

So in that sense I think I'm comfortable with that and I think it also explicitly tries to say in more detail what we're really talking about.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Can I shorten that, Janet –

Janet Corrigan – National Quality Forum – President & CEO
Sure.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
To use HIT to contribute to the continuing education and maintenance certification of professionals, something like that?

Janet Corrigan – National Quality Forum – President & CEO
That's fine.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
The goal is moving, of course, from ACCME. It is not continuing education. In fact, actually, you need to show that you really are engaged in performance improvement, both related to your practice and then ultimately to your outcome data. So this stuff is moving, as I say, a huge move forward. I think that Janet captured some of that that could get lost if we're not careful. The goal is in performance improvement. It's coming back to what Carol keeps harping on; that we're really interested in performance improvement and outcome.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Perhaps, Janet, you can contribute some words?

Janet Corrigan – National Quality Forum – President & CEO
Sure. I would –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
We'll try to reword that.

W
Can we not make explicit medical boards? Because there's a slight ... certification of pharmacists and nurses, who might also be in this pot is different and so a nurse practitioner we might need to engage the State Board of Nursing. For pharmacists I know that there are two types of certification. For practicing nurses there's the American Nurses' Association that runs credentialing centers, so if we can not restrict it to medical boards, but the appropriate professional –

W
Organization. Organizations maybe. Yes. It's not for society. It's for the physicians and it's very clearly not the society, but maybe if it was a broader term of communicate with professional organizations?

Janet Corrigan – National Quality Forum – President & CEO
Well, I guess I was trying to decide whether what we were talking about is to communicate with the licensing groups or with those who certify practice quality. I think if it's not the licensing groups then I think we can just say professional societies and boards and leave it at that.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

Okay. Good. Good. Okay. With nine, any problem with that? It's basically coordinating the federal healthcare program.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Well, I'm again worried about coordinating the program because actually that's over stepping the bounds of HIT. So it's coordinating HIT initiatives within those programs, right?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. It says to advance the effective use of HIT in clinical decision support.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I would still prefer to reach a coordinate and leverage federal healthcare health IT activities –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
To advance the effective use of health IT in clinical decision support. Otherwise we're going to end up having to run this –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Sure. Sure. That's fine. Okay. Ten is introducing a new concept that's been discussed some, but it's an important one, the usability of EHRs.

W
Yes. I just saw something came out this morning about the government; the NIST is going to test the ease of use of healthcare systems. So yes, usability should be in there.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Now, number 11 is your consumer e-health, so it probably could be worded more strongly or worded more strongly, right?

W
Well actually, Paul, I don't like this one at all because it's consumer e-health. It sort of relegates it out of the role of clinicians and what I would like to do, I'm going to play Janet for a minute and try to reword this. I would just try to say support effective use of HIT for care, communication and coordination among consumers and their health professionals.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That sounds great. Can you reduce that to writing and e-mail it to us?

W
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
What do other people think about the revised wording?

W
It's much better. Good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. It is much better. Good. Twelve is to measure the success, evaluate and measure success. I think I don't know how we can be against that ... we might want to word it more strongly again.

Suniti Ponkshe - IBM Global Services - Associate Partner
Paul, this goes to the whole evaluation program that Chuck's area is putting together for various different programs within and I think we could have some bullets or describe it in more words because there are ... their contracts that have been gone out to evaluate, for example, ... program evaluate ... something for workforce program. There will be something for ..., etc.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. So I think what we're trying to do is not to sort of re-endorse what's already there, but to put broader thinking and push the edge a bit, so I think we're in agreement with this bullet; it's just we might push it a bit. Other comments on 12?

Thirteen. Let's see, enhanced capability. Is it necessary compared to versus included in maybe a better worded number nine, the whole healthcare programs?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
I guess my question is is it already a mandate anyway according to the – I guess unless you're saying something specific I guess that's my question.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

W
I would like to see it called out specifically in nine –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, so let's move that to nine. We've only shortened this by two I think. Okay. Because I don't want to run out of time, number four actually was one of the more popular themes amongst the Policy Committee last meeting, so I want to –

W
Oh, good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. Of all of the themes that got the most comments and support I might say.

W
(Inaudible.)

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So let's skip over to the strategies. Recall this is a learning health system. It's transformed the current healthcare delivery system into a high performance learning system by leveraging HIT. So the strategies: One is engage and coordinate among the federal partners in population health communities. Identify and optimize common strategies. So this was what we talked about. We've got to create a common sort of data and information infrastructure so that you can actually create knowledge to learn from.

Seth Pazinski – ONC – Special Assistant

One of the things that we've been talking about in ONC, which was trying to be indicated in this strategy, is that there are existing communities that are already focused on these areas and it's important. If we want to align the things that are being done through meaningful use and the data that will be generated there with these communities that exist who are already doing infrastructure activities, like CAD and other types of activities like that to make sure that we're engaging them and talking about how we can move forward in a way that aligns these two types of objectives.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So is it just identify and optimize or do we actually have to create this common infrastructure?

W
Paul, where are you looking?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
At slide 14, draft strategy one.

W
Slide 14.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
It's engage and coordinate to identify and optimize common infrastructure. Are we already there or do we actually have to create something?

Carol Diamond – Markle Foundation – Managing Director, Health
Well, I hope not. I would say the way the NHIN discussions have been going and the NHIN has been framed by ONC and is on their Web site is that the NHIN is a set of standards, policies and services to support health improvement and I would encourage us to adopt the same approach here and not make this sound like there's a big build here of infrastructure that ONC needs to do in order for – because people translate infrastructure into wires and boxes and other things and I don't think that's what we mean. So I would encourage us not to focus on the noun here of infrastructure and more on the objective.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So how would you describe the things that would have to be done to allow us to securely use aggregate data in ways that don't compromise patient safety, for example?

Carol Diamond – Markle Foundation – Managing Director, Health
Yes, standard –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
What would you call that?

Carol Diamond – Markle Foundation – Managing Director, Health
Yes. I would call that standards, policies and methods, not infrastructure.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. But I don't think they exist today. Would you agree?

Carol Diamond – Markle Foundation – Managing Director, Health

They certainly haven't been elaborated together, right? So there are some places around the country that are doing some of these things and there are some approaches to this, but they haven't been clarified or specified together and certainly from a policy perspective they haven't been specified. So you could say to identify the standards, policies and methods for data sharing and building knowledge.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Other folks want to weigh in on this?

Art Davidson - Public Health Informatics at Denver Public Health – Director
Paul, this is Art. I joined a little bit late, but I think I agree with Carol and back to your first question, is it about creation or is it about identifying and optimizing. I'm not sure if that was Connie who said something earlier about CAD, but the NTI has got its thing. CDC has its thing. ONC has the NHIN. A lot of these things exist and they really have not been well coordinated and within the CDC I know that people are starting to wonder where does PHIN fit in this ONC vision. Rather than getting hung up on the word, as Carol says, about infrastructure we need each of these three institutions to have standards and methods by which they can communicate with one another.

M
Yes. I hadn't weighed in because I think what we're approaching if we're not careful is going from a situation where we had a lot of standards because we all had them and they weren't standards to now we're having conflicting federal standards and a lot of .... I think that I don't know quite how to solve the thing, but I think the discussion has been right on.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So, Carol, to pick up on your suggestion then would we substitute common infrastructure for common policies and methods?

Carol Diamond – Markle Foundation – Managing Director, Health
I would say standards, policies and methods. I think you need that as well.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. So let's cast out the infrastructure word and substitute standards, policies and methods.

W
I think that's better actually. I think that will get more traction also.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Good.

W
And I think people will understand more of what that means and what infrastructure means.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. That is good. Okay. So then in a sense that may have wrapped in number two into number one.

W
You know, I think you're right, Paul.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO

I love getting rid of – I love lumping. Okay. So that brings us to number three. I see, this is a recount of essentially the .... Do we really want a strategy that basically limits itself or is there something broader that we're interested in happening?

W
... breakthroughs on a regular basis.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. Yes, I don't want to be too broad and don't want to be too specific. This strikes me as a bit specific, which means it could be limiting. That's all.

W
Well, I think it's important and I don't think that the fact that the ... RFA is out means this shouldn't be in the we can declare victory.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
No. Instead of limiting it to four, for example, could it be that they need to identify the major barriers to something and fostering breakthrough solutions? Do you see what I'm saying? Clearly, they have picked on some good ones. There may be more.

W
Okay. I like that actually.

M
That could also bring in the fifth strategy I think too, which is just another federal program these same types of breakthrough solutions.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. So the concept is to identify the major obstacles; and there still could be a better way to write that; but then to develop and to foster breakthrough solutions.

Carol Diamond – Markle Foundation – Managing Director, Health
Paul, I'm so sorry, but I'm going to have to drop off.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Well, I appreciate your being on the call. Thank you for the wording and attention to some of the details.

Carol Diamond – Markle Foundation – Managing Director, Health
Thank you. I enjoyed the conversation. Thank you, everyone. Good-bye.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Thank you. Good-bye. Okay, so I'll work on some of that wording.

W
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That actually may bring in four as well so, Josh, would that be four and five then?

Seth Pazinski – ONC – Special Assistant

This is Seth. I would think that this is a little different, at least in the way that we're thinking about things. The first part we thought was sort of more research oriented, things that the federal government would fund, but there's also just staying up on what the latest trends are and innovations are in the private sector. So I think maybe it brings in part of it, the foster piece, but I think there is a monitoring thing that has worked well to do separately.

W
I'm actually very happy to see another reference to the industry, but I might broaden it from the health IT industry to the technology and technology ecosystem – no, but something that we want to be knowing as much about what's going on with iPads as with health IT use of them.

Seth Pazinski – ONC – Special Assistant
That's a great point. That was consistent with some of the discussion in the theme two discussions that we had on Friday.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. So maybe we pull in this concept of reward, showcase and leverage because we don't want to just monitor because it goes back to this passive repository thing.

W
Right. No. I like that. That's true, Paul.

M
Does the industry include what's happening at the state and local levels? I mean the application of these tools and systems, is that encompassing of that?

W
I saw this as meaning more private sector.

M
Right and I wonder if we should leave it as four includes the private sector, but also include some of the state HIE lessons. I mean this is a learning health system, not just learning from the private sector, but also from what's happening in the non-profit organizations.

W
Yes. I see what you're saying.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Actually maybe this whole repository thing belongs in the learning section. How do people feel about that?

M
Aren't we in the learning section? Maybe I'm –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That's what I'm saying. I'm trying to pull what we used to have, which were this highly populous list of strategies for meaningful use and pull the whole concept of sharing and learning into the learning health system section, because then I think people have a different set of visors on and we can really sort of move it more from that passive repository thing to leveraging and promoting.

M
Okay. Your point then is it's not just what happens in the "industry," it's how do we benefit from the work of others, which also was Patti's point earlier.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes.

M
Okay.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. So I think I've got incorporated all three, so it's learning and leveraging from private sector and public sector and benefiting from it.

W
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. I'll work on some wording here or maybe ONC can help. Okay. That's good. Number six refers directly to the beacon communities and clearly that's a learning. Actually, that's part of this. So maybe there are concepts. There is the clearinghouse concept. There is the push the edge, early adopter, push the edge concept and there is the promoting concept. Do you see what I'm saying?

W
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
It's all part of learning.

M
I'm sorry, Paul. What was the third thing that you said?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Promoting. So you have a clearinghouse of things that are going on, public or private. You have a way of pushing the edge and demonstrating. That's the beacon stuff and you have a way of leveraging all promoting.

W
I like that.

M
Yes. It's an interesting concept. Yes.

W
I like that it models.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes and so we can pull in some of the stuff that was in meaningful use into this and just build up that model. So we're essentially transforming in a passive repository into this active learning tool. Great. How are the remaining people doing with that one?

W
I think that if that's not a restricted, I mean that's not a specific change to any of these items; it's more of a general framing.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
You know, Seth, I wonder if again; and I don't know whether this makes beacon just a sub-bullet under that; instead of recounting the things that are in statute, which I'm not sure does anybody any specific good in terms of moving the ball, I think figuring out the strategy of transforming passive repositories into active learning tools is the strategy and there may be ways, there may be programs that contribute to that strategy. Beacon is a program –

W
Yes. Yes. That makes sense.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Does that make sense, Don, Janet?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes it does. Use it as an example.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes.

Janet Corrigan – National Quality Forum – President & CEO
Good idea.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Seven is community coordination. You know what? I wonder if that's even part of the same.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes it is, unless there was something implicit in trying to – I mean we need to make explicit about the three different sectors of delivery, I mean the four sectors of delivery, research, public health and education.

M
So you're saying that this is similar to the learning objective that you described a little earlier. Is that what you're saying, Paul?

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes, but what Patti just brought up is research and that's not part of the learning repository. That may be a separate topic.

Eva Powell – National Partnership for Women & Families – Director IT
This is Eva. Forgive me, I'm here for Christine Bechtel and I haven't been part of the other conversations, but something we've talked a lot about in the consumer and patient community is that there are a number of community organizations that are not typically considered part of the healthcare system who generate and use health information and that we need to somehow bring them into the system as well. An example would be the education system, social services, any sort of developmental program. There are

a number of them out there. That needs to be part of the learning system. I'm not sure how to capture it in a bullet, whether it's this one or something else.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Can you give that list again, Eva?

Eva Powell – National Partnership for Women & Families – Director IT
The ones that have been mentioned most frequently are the educational system, the social services systems, say for foster children or others there; I could see some elder roles there and then also developmental programs for kids who have developmental disabilities but the programs themselves aren't typically considered part of the healthcare system, but they all use and generate health information that is critical to having to coordinate care.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So I think the concept there is outreach. In other words, the trigger phrase was they aren't ordinarily considered part of the health system.

Eva Powell – National Partnership for Women & Families – Director IT
Right.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
And so that's another piece of learning is the outreach part, both to learn what's going on and also to find appropriate ways of sharing information with that group.

Eva Powell – National Partnership for Women & Families – Director IT
Right, although the one clarification we might make on that is that I guess outreach, in my mind, doesn't fully communicate the fact that it's not just learning from them, but from the patient perspective the information they have really must be part of the overall coordination of care if that makes sense. So I'm not sure that outreach –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Well, you see them as part of the team, if you will.

Eva Powell – National Partnership for Women & Families – Director IT
Exactly. Exactly. That's a good way t o put it. So I mean I'm not against saying outreach, I just think that however you word it needs to be clear that it's not just an outreach. You let them know what you're doing, but also an in reach so that you can learn from what they're doing so that we can all get better coordinated care for these folks.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So maybe the verb is engage, because that can be bidirectional.

Eva Powell – National Partnership for Women & Families – Director IT
Yes. I think that's good.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Now, this will be interesting because this also gets into some privacy stuff and laws really, but at any rate, we could include schools too. Plenty of illness happens in schools.

Eva Powell – National Partnership for Women & Families – Director IT

That's what I mean by educational system and there may be others. Those are just the ones we've talked about in this.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Good. Now, I want to take a step back. I think we've sort of dealt with the drafts that were before us. Let's take a step back and say what are we missing. Maybe we'll work on theme four first? What are we missing from this or what's broader thinking that can help move the ball forward?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Well, I do think that it's been picked. The words have been tossed around a little bit, but not explicitly dealt with. I think our policies are deficient in our country relative to access to person specific data for research, but just generally I think the whole research space is really that debate that Janet would go around all of the time on; quality is the business app versus actually research and that fuzzy business, which is if you're going to have a learning system you absolutely have to be supporting and doing research.

I'm not going to raise the personal authentication issue here, because it's awful late down the stream, perhaps, to do it, but I think there is a set of these issues that do relate to the balance of competing good that we're trying to deal with and obviously you can anonymous and do stuff. Also, at times having actually the data is really important, so it's a privacy issue, but it's also basically a research issue too in a broader sense.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think that was part of my motivation with number one. Do we really just have to identify or do we have to create some of these things? But I think based on the discussion people felt comfortable that – well, some of them are there. I don't know that all of them are there, but we ended up with the standards, policies and methods and you could see some of that in there.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Yes. I agree. I just think that just as I say though, in general, I think our public policy approach has tended to take research and care as though they're the same thing. If you look over at Europe, for example, and other part of the world they typically have parallel policies dealing with making sure that the research enterprise is not harmed in the public good sense as it tracks forward on the others. So again, I say I don't know where all of this should go in this, but at least I got that off my chest.

While I have the floor at one point you can tell I'm still worrying about the health form. I think earlier I think I said ... or somehow butchered one of the ... a long time ago.

Janet Corrigan – National Quality Forum – President & CEO
That's okay. Not much has changed, Don.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
I know. Think of you, Janet, at the time as a matter of fact, later when I got to reflecting on my goof.

M
So let me understand a little bit more here, Don. I'm going to try to go back to slide 12 where you're trying to bring up the idea about research. On these draft principles I think that fits in the second bullet in creation of evidence based care. Is that right?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO

Absolutely.

M
Okay. Then let me just kind of move forward. I just want to – so then I look through on to slide 13 and I think that's sort of embedded in the third bullet, but you may have already changed lots of this, but creating knowledge across distributed data sources, which is I think what you were concerned about whether we're going to get bogged down in de-identification, but I think that's embedded in that line there. Is that right?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Well, I guess what I'm trying to really say, I mean, we have ... knowledge. Knowledge is a lot. I'm talking about the actually more, if you will, formal research and where that goes, so some of this is perhaps a highlighting issue. I think I like what you're doing here for our respect. I appreciate it, but I'm not sure if I quite made my point clearly itself.

M
Because I think that if you give me those two little lines I think there's nothing really specific in the strategies that speak to that effort. I mean in three in the draft strategies we have this idea about this breakthrough solution, but I don't really see a specific sort of emphasis. I mean these are programs that are sponsored by ONC. I wonder if there's something more that we need to lift out as just general research.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
I think both of you are arguing for having a bullet baked in the old numbering scheme dealing with research and the things that are needed to facilitate that in a learning health system, so I think it's worth calling it out and pulling some, tying in some of the objectives and principles that you pointed out, Art, to at least call out this need that Don alludes to. Is that fair?

W
I'm very happy to hear this discussion.

Art Davidson - Public Health Informatics at Denver Public Health – Director
Yes, I think that's good. I think seven, that word research to me, the emphasis here is really on this community coordination.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Correct, on the ... that Eva talked about.

Art Davidson - Public Health Informatics at Denver Public Health – Director
Right.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
So I think research is its own point and it's different from the breakthroughs and the stuff that helps us move data around. It's using data in a learning way, in the bench research learning way.

Art Davidson - Public Health Informatics at Denver Public Health – Director
So I think Don brought up a good point.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. Did we miss something else in this?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
This is Patti. I'm a little bit concerned that we need to not bury the idea that was brought up a few minutes ago about the discussion of the intersecting components of the healthcare system. I think where we indicated in this strategy four makes sense, but I'm wondering if it will be represented somewhere in the broader vision or if we need to go back to those – I hate to re-open that discussion from last time but, Art or Paul, I guess I'm asking you to make sure you sort of tuck in your assessment that we defined the healthcare system right now as being somewhere the same as the industry plus public health plus research. Within five years we might really have a much better sense of how the courts or the K-12 educational system also play a significant role.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
A significant role in?

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I think of the amount of care management that goes on in public schools.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Yes. No. I think that's still part of this. Yes. Try to push this into seven a lot the way that Eva talked about.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes. It kind of is an over arching principle I somewhat think of it because I think that what we've got is we know the healthcare system now, but if you think of increasingly primary care clinics and well child clinics or even infant care clinics in the high schools or another kind of a healthcare system, but they're really governed more by the public education regulations than by healthcare per se.

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
Well, as far as that matters, I think with the rise of communication technology too I think that we're going to be seeing whole new kinds of models that we haven't even thought about outside the "formal system" as we've known it.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
So maybe where this merits some attention is in the kind of staking of the perimeter of what the strategic plan is due to address and just a mindful nod to the fact that the system continues to evolve both internally, as well at its borders.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Good point. I think what I'll try to do is add that so there's a principle called enable community systems that create dynamic partnerships to improve health and address aspects of social determinants of health. There is probably a way to expand upon that statement to say it's not just your father and mother's health system.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Yes.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Okay. Okay.

W
It might be different than people are expecting it.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
That's right. I'll try to stick something in there. These are good, good items or food for thought.

Eva Powell – National Partnership for Women & Families – Director IT
Paul, the one thing that sticks out in my mind, and there are elements of this in here, and it may come out in the way I think Patti was going to reword the eleventh strategy under meaningful use that says currently support consumer e-health and improves communication amongst consumers and their healthcare professionals. I guess the larger thought from a consumer and patient perspective is that HIT can serve as a tool to help support the patient provider relationship and to take that a step further, to make that more of a partnership. Certainly, communication is part of that and there are other elements in this, but maybe I think that we're missing something a little bit from that concept of supporting the patient/provider relationship that is more of a partnership than the paternalistic system that we have today. A lot of that is access to information, which information helps empower ... a lot of it is just culture change that needs to take place alongside the policy changes, but in terms of a strategy I'm wondering if we could clarify strategy 11 under the meaningful use to somehow reflect that and I think that's the one that Patti was going to rewrite anyway –

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right.

Eva Powell – National Partnership for Women & Families – Director IT
To be more reflective of a two-way communication, which is, I think, an important part of this, but it's more than just communication I guess is what I'm saying.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Right.

M
It's more than just among and between.

Eva Powell – National Partnership for Women & Families – Director IT
Right.

M
Is that what you're saying?

Eva Powell – National Partnership for Women & Families – Director IT
Right. Yes. Well, communication should be two-way, from consumer to provider and vice-versa, but then it's more than just communication. There's also an element of access to information, both through the provider, but also independently of the provider if that's what the patient wants. I know that that gets sent to maybe some sticky territory, but again, it gets at this: The paternalism we have in our system now, if we're going to have a patient centered system, patients need to have access, better access to information, whether that's through their provider, which certainly we would support and that's what I think most people want. However, just the reality is that providers are limited in their time that they have to spend, limited in just even their ability to digest all of the evidence that's out there. So what we would hope to do is to have both tracks that we would have information available through the providers, yes,

certainly. Also, a way to access information that is not dependent on the provider and that empowers the consumer to do that for them, to at least gain the information themselves. It then, again, would feed into the relationship with the provider for have a conversation with the provider, so I don't know how you word that and I realize that gets into some sticky areas in terms of what is the provider's domain and that kind of thing, but the point I'm trying to make is that what I don't think we've captured here is using HIT and access to information as a means of really empowering the consumer to be more active in their healthcare and by empowerment or engagement I think a lot of people have this notion of engaging consumers so they'll be compliant, but I think that what we're after really is much more. Let's engage consumers so we know what they really want and need from their healthcare and can be taking more active roles in meeting those health goals that we've talked so much about today.

I'm sorry. That's a long comment. I'm not sure if I've muddied the waters or made the clearer.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
No, I think it's fair and I'm sure Patti will incorporate that.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
Actually, I've already sent off my revision and it doesn't, so let me try to knowing that, Paul, you don't want to add another goal let me make sure I'm understanding this. To me there are three issues. One of them is that it's effective use of health IT to promote self care, as well as patient-clinician coordinated care.

The second is there is a use of health IT to promote independence among patients that may actually leave them in a very different kind of a relationship with their healthcare providers in the future. That is your healthcare provider might become more of a consultant to your choices of health activities, as well as an intervener.

Some of that's a little bit bigger than I think we can do in this particular section on meaningful use because meaningful use really does speak largely to what will happen as the parlances have been employed the last couple of weeks. It speaks to how we're going to incentives and reward or punish clinical care providers and clinical institutions for their investments in health IT. If we want to make this broader I think the issue about consumer empowerment and independence and action is much bigger than the meaningful use parlance. It belongs, again, back into those over arching principle issues.

Eva Powell – National Partnership for Women & Families – Director IT
Yes. I think I'd agree that it is, in some ways, it's bigger yes and it's an issue that we need to address broadly, but I think where it links up to the meaningful use specifically is that in my mind the whole issue of engaging and empowering consumers through the use of HIT comes down to two things and it's similar to some of the points that Janet had made earlier. One is an education of providers about how do you engage consumers, but then there's also the process change part of that. The current processes and provider settings typically are not designed well to accommodate an informed and engaged consumer. I mean they just aren't and so there's that dual role here. I think as you implement HIT as a provider, certainly that has implications which are in practice, but part of that practice is how do you interact with your patient who is in front of you or maybe not in front of you, but out at home and you're having to manage ... care. How are you going to do that in a way that empowers them, that also takes advantage of the role they are playing in their healthcare and doesn't discourage that role? Does that make sense?

Don Detmer – American Medical Informatics Assoc. – Pres. & CEO
I'm going to have to break in. I'm, unfortunately, going to have to go onto another call, but I appreciate your patience. Good-bye.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Thank you, Don. Thank you, Don. I think we're coming to a close. I think a few people, and I know Patti already sent in something and Janet already did, but Patti might take a different stab and I'll also try to include what Eva was mentioning, but this has been very productive. Lots of edits. I think we're going in a good direction, a bit bolder, more active, etc.

Patti Brennan – UW-Madison – Moehlman Bascom Professor
I appreciate that, Paul. As usual, I just think you're great to work with. Thank you for your time.

Paul Tang - Palo Alto Medical Foundation - Internist, VP & CMIO
Well, thank you, Patti, and thank you, everyone, for your contributions and for spending this time on the phone. We'll try to send out another round that tries to reflect this discussion. Thank you, everyone.